

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MS		4-1099
O.I.P.E. CLASSIFIER		10	4-13-99
FORMALITY REVIEW	CM	71632 11632	4/22/99 5/24/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	0
4	0
5	✓
6	0
7	G
8	0
9	M
10	M
11	M
12	M
13	0
14	0
15	M
16	M
17	0
18	0
19	M
20	✓
21	✓
22	0
23	0
24	✓
25	0
26	0
27	0
28	M
29	0
30	0
31	0
32	0
33	0
34	0
35	0
36	0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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